

POINT BLANK II, PACA & GALLS-BRANDED ZYLON VEST CLAIM FORM

**READ THIS ENTIRE DOCUMENT CAREFULLY. IT AFFECTS YOUR LEGAL RIGHTS.
IT ALSO PROVIDES DEADLINES THAT YOU MUST MEET.**

If you are a member of the Class, and you want to **PARTICIPATE** in the Settlement, you must complete this Claim Form (please complete one Claim Form for each Zylon vest purchased - duplicate claims for the same vest will be rejected) **and fax or mail** the Claim Form by **June 30, 2006** to:

Point Blank II & PACA Class Action
Claims Administrator
Facsimile: (503) 328-7056 / Telephone: 1 (866) 778-1150 /
P.O. Box 5053
Portland, OR 97208-5053

CLASS MEMBERS WANTING TO **PARTICIPATE** IN THE SETTLEMENT MAY ALSO
COMPLETE A CLAIM FORM ONLINE AT: WWW.ZYLONVESTEXCHANGE.COM

I. Individual Purchasers - Provide the information requested on pages 1 and 3, and sign and date the bottom of page 4 (Organizational purchasers should skip this section and begin with section II on the next page).

Name: _____	
First	Last
Position or Title: _____ Agency Name: _____	
Address1: _____	
Address2: _____	
City: _____ State: _____ Zip: _____	
Work Phone: _____ - _____ - _____ Extension: _____	
Home or Cell Phone: _____ - _____ - _____ Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Prefer email	
Best Days to Call (Check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
E-mail Address: _____	
Please provide the name and contact information for the Distributor from whom you would like to pick up your replacement panels and voucher(s) or carrier(s):	
Name _____ Phone # _____	
City: _____ State: _____ Zip: _____	
Your replacement panels and your voucher(s) or carrier(s) will be delivered to the distributor address above. In the event they cannot be delivered to the distributor address above, please provide the address to where your replacement panels and your voucher(s) or carrier(s) should be delivered:	
Address _____	
City: _____ State: _____ Zip: _____	
NO PO BOXES - Requires a FedEx shipping address.	

II. Organizational Purchasers (For Example: State, County, Municipal Police Departments, Security, Etc.)

- Complete this section and provide the information requested on page 3. The information on page 3 must be provided **For Each Vest To Be Replaced**. Please make additional copies of page 3 as needed. Copies are also available for download at www.zylonvestexchange.com; and
- Sign and date one copy of the bottom of page 4.

Agency Name: _____		
Address1: _____		
Address2: _____		
City: _____	State: _____	Zip: _____

Contact Person: _____	
First Name	Last Name
Position or Title: _____	
Phone: _____ - _____ - _____	Extension: _____
Fax Number: _____ - _____ - _____	Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Prefer email
Best Days to Call (Check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
E-mail Address: _____	
Number of Vest(s) to be replaced: _____	
Please provide the name and contact information for the Distributor from whom you would like to pick up your replacement panels and voucher(s) or carrier(s):	
Name _____	Phone # _____
City: _____	State: _____ Zip: _____
Your replacement panels and your voucher(s) or carrier(s) will be delivered to the distributor address above. In the event they cannot be delivered to the distributor address above, please provide the address to where your replacement panels and your voucher(s) or carrier(s) should be delivered:	

Address	
City: _____	State: _____ Zip: _____
NO PO BOXES - Requires a FedEx shipping address.	

ALL CLASS MEMBERS WHO PURCHASED CORRECTIONS VESTS
PLEASE CONTACT THE CLAIMS ADMINISTRATOR TO ASSIST WITH COMPLETING A CLAIM FORM.

First Name of Vest User: _____ Last Name of Vest User: _____

Manufacturer and Model of your Zylon vest: (Please select the vest you purchased)

Point Blank:

Concealable

☐ Fusion ☐ Legacy

Tactical

☐ S.P.I.D.E.R. - Fusion

☐ SWAT CERT Plus - Fusion

☐ MRV Plus SWAT - Fusion

☐ S.P.I.D.E.R. - The BEAST

☐ SWAT CERT Plus - The BEAST

☐ MRV Plus SWAT - The Beast

☐ Other _____

PACA (Protective Apparel Corporation of America):

Concealable

☐ RTZ

☐ ZG

☐ ZPG

☐ ZGS-2

☐ NJDOC2A

☐ Z3-2

☐ WF 1002

Tactical

☐ M - 2001 - ZPG

☐ M -95 - ZPG

☐ SVII -ZPG

☐ Wilson ZPG

☐ Contact ZPG

☐ M - 2001 - ZG

☐ M - 95 - ZG

☐ SVII - ZG

☐ Wilson ZG

☐ Contact ZG

☐ Other _____

Galls:

Concealable

☐ ZL1

☐ ZL2

☐ ZL3

Date of original purchase: _____
Month/Year

NIJ Threat Level of Vest: ☐ IIA ☐ II ☐ IIIA / ☐ Male ☐ Female

MODEL NUMBER	STYLE NUMBER	SERIAL NUMBER	SIZE	DIMENSION
FRONT PANEL: _____	_____	_____	_____	_____
BACK PANEL: _____	_____	_____	_____	_____

- Was the fit (size and shape) of your Point Blank, Galls or PACA Zylon ballistic panels altered or modified at the factory? ☐ Yes ☐ No

- If so, are there any notes about size written on labels of the ballistic panels? ☐ Yes ☐ No

- Please describe any modification about size and fit, trace an outline of the panel(s) and include the tracing with this Claim Form.

Replacement Option and Voucher: Please see Exhibit A for the permitted replacement options and indicate your choice for replacement panels and your choice of a carrier or voucher. Class members having tactical vests must select replacement panels of the same style (Example: If you have a Point Blank S.P.I.D.E.R. tactical vest, you must select one of the two S.P.I.D.E.R. replacements; if you have a PACA M-95 tactical vest, you must select one of the two M-95 replacements. Point Blank customers may select replacement panels manufactured by Point Blank only. PACA customers may select replacement panels manufactured by PACA only. Purchasers of Galls branded Zylon vests may select Galls Gold or Point Blank Hi-Lite replacement panels).

Point Blank Concealable: ☐ Hi-Lite ☐ Legacy Pro

Point Blank Tactical: ☐ S.P.I.D.E.R. - Hi-Lite IIIA ☐ S.P.I.D.E.R. - Legacy Pro IIIA

PACA Concealable: ☐ KGS ☐ GK

☐ SWAT CERT Plus - Hi-Lite IIIA ☐ SWAT CERT Plus - Legacy Pro IIIA

☐ MRV Plus SWAT - Hi-Lite IIIA ☐ MRV Plus SWAT - Legacy Pro IIIA

GALLS ☐ GALLS Gold GG2 ☐ Point Blank Hi Lite

PACA Tactical: ☐ M-2001-KGS IIIA ☐ M-2001GK IIIA ☐ M-95 KGS IIIA

☐ M-95 GK IIIA ☐ SVII KGS IIIA ☐ SVII GK IIIA ☐ Wilson KGS IIIA

☐ Wilson GK IIIA ☐ Contact KGS IIIA ☐ Contact GK IIIA

Replacements will consist of ballistic panels only and not a replacement carrier, but Class members have the option to receive, in addition to the replacement panels, either: (i) a new standard carrier; or (ii) a voucher. In other words, Class members may already have good condition carriers and thus, have the option to elect to receive a voucher to be used to purchase other products including the purchase of a carrier in the future. Alternatively, Class members may elect to receive a replacement carrier in the first instance instead of a voucher.

Please indicate choice: ☐ Replacement Carrier ☐ Voucher

IMPORTANT NOTE 1: Please refer to paragraph 7 of the enclosed notice along with the enclosed list of average consumer prices to calculate the value of the voucher you will receive if you select the voucher option. If you believe that you paid more for your vest than is indicated on the enclosed list of average consumer prices, and you have "reasonable proof" demonstrating purchase price, please indicate the amount you paid for your vest here, \$_____, and enclose a copy of the "reasonable proof" with this Claim Form. Reasonable proof includes a receipt, cancelled check, credit card receipt, a purchase order, sales record or other credible evidence showing purchase price.

If you elect to receive a "Replacement Carrier," please indicate your color choice: (Please choose one of the following)

☐ Navy ☐ White ☐ Black ☐ Tan ☐ Grey ☐ Other _____

IMPORTANT NOTE 2: Due to the customized construction and unique configuration of tactical and corrections vests, all replacement tactical and corrections panels will come with a new carrier. Therefore, Class members who purchased tactical or corrections vests may only select the Voucher Option.

IMPORTANT NOTE 3: In the event you have already replaced your Point Blank, PACA or Galls vest(s) containing Zylon®, or have ordered new vests outside of this Settlement prior to June 30, 2006, you may elect to have your new replacement panels to which you are entitled under this Settlement delivered in the future up through June 30, 2009. Class members electing future delivery beyond June 30, 2007 will not receive a voucher but all such Class members will receive a new standard carrier with their replacement panels. All Class members electing this option must return their original Zylon panels within 120 days of making this election. For more details on this option please see section 8 of the enclosed notice.

Future Delivery Option: ☐ Yes ☐ No If Yes, indicate month and year when you would like your replacement panels delivered: _____(month/year)

To Object to the Settlement

If you wish to **OBJECT** to the Settlement, or to the application by Plaintiffs' Counsel for an award of attorneys' fees and expenses, then you must state your objection in writing and mail it, postmarked on or before March 6, 2006 to:

Office of Clerk of Court
Circuit Court of Broward County
201 S.E. 6th Street
Fort Lauderdale, Florida 33301

AND PROVIDE A COPY TO:

W. Pitts Carr, Esq.
Carr, Tabb & Pope, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327

To Exclude Yourself From the Settlement

If you purchased a Zylon-containing vest from Point Blank Body Armor or PACA Body Armor, and you wish to **EXCLUDE** yourself from the Settlement, you must complete the Request for Exclusion below and mail or fax it by March 6, 2006 to:

Zylon Vest Exchange Program
Point Blank Body Armor / PACA Body Armor
Claims Administrator
P.O. Box 5053
Portland, OR 97208-5053

AND PROVIDE A COPY TO:

W. Pitts Carr, Esq.
David M. Cohen, Esq.
Carr, Tabb & Pope, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327
Telephone: (404) 442-9000
Facsimile: (404) 442-9700

For Additional Information

For additional information or questions you may contact the Claims Administrator toll-free by calling 1(866) 778-1150, or visit www.zylonvestexchange.com. If you have any problems participating in the Settlement, or receiving your benefits, you may also contact Plaintiffs' Counsel:

W. Pitts Carr, Esq.
David M. Cohen, Esq.
Carr, Tabb, Pope & Freeman, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327

**ALL CLASS MEMBERS MUST PRINT
AND SIGN YOUR NAME AND ENTER
THE DATE**

Print Name

Signature

Date

Request for Exclusion

If you purchased a Zylon-containing vest manufactured by PACA or Point Blank, other than a Legacy Premier or Galls Platinum/Zylon vest, and do **NOT** wish to participate in this Settlement, complete this portion of this Claim Form.

- A. I/our agency does **NOT** want to participate in the Settlement. _____ (check)
- B. I/our agency does not have PACA or Point Blank or Galls branded vests that contain Zylon®. _____ (check if applicable)

I/our agency understands that I/my agency may be a member of a Class of persons who purchased PACA and Point Blank vests containing Zylon® (including Galls ZL1, ZL2 and ZL3 models). I/our agency understand(s) that certain legal claims have been asserted on behalf of the Class and that I/our agency have/has the right to exclude myself/my agency from the Class.

I have read this Point Blank II/PACA Notice of Class Action, Proposed Settlement and Hearing. I am sufficiently advised of my rights to remain a Class member and to be bound by any judgment rendered therein. I do **NOT** wish to be a Class member. By opting out, I am excluding myself/my agency from the binding effect of judgment and from all consideration available to members of the Class. I also realize that if I exclude myself/my agency from the Class by opting-out and subsequently choosing to bring an independent action, I will be responsible for choosing and compensating my own attorney(s) and that the statute of limitations for bringing claims set forth in this litigation will again begin to run from the date of my request for exclusion.

I understand that this **REQUEST FOR EXCLUSION** must be completed and returned by first class mail, postmarked on or before **March 6, 2006**.

Note: ONLY IF YOU DO NOT WANT TO PARTICIPATE IN THE SETTLEMENT SHOULD YOU FILL OUT A REQUEST FOR EXCLUSION. IF YOU WANT TO PARTICIPATE IN THE SETTLEMENT DO NOT COMPLETE THIS SECTION.

**YOU MUST PRINT AND SIGN
YOUR NAME, ENTER THE DATE,
YOUR TELEPHONE NUMBER
AND THE NUMBER OF VESTS
PURCHASED**

Print Name

Signature

Date

Telephone No.

Number of Point Blank, PACA and/or Galls Branded Zylon-containing vests purchased